

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pam Hightower
 Name
 (2) PO Box 14495
 Address (number and street)
Tallahassee, FL 32317
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1226537]
 Submitted on:
 8/14/2020 21:34:39 (eastern)

Check here if address has changed

(3) ID Number: 602

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County Superintendent of Schools
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8 / 1 / 2020 To 8 / 13 / 2020 Report Type: 20P7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 3 , 150 . 00

Loans \$, , 0 . 00

Total Monetary \$, 3 , 150 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 20 , 825 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 9 , 385 . 76

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Pam Hightower (2) I.D. Number 602
 8/1/2020 8/13/2020
 (3) Cover Period / / through / / (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
8/6/2020 / /	Jordan, Patricia A PO Box 828 Wacissa, FL 32361	I	realtor	CH			\$200.00
1							
8/6/2020 / /	Manning, Dwayne E 42 Tin Top Rd. Monticello, FL 32344	I	workers comp admin	CH			\$250.00
2							
8/6/2020 / /	Howard, Melissa Mack 703 Piney Woods Rd Monticello, FL 32344	I	retired	CH			\$200.00
3							
8/4/2020 / /	Hightower, Gussie Green PO Box 828 Wacissa, FL 32361	I	retired	CH			\$500.00
4							
8/6/2020 / /	Nprton, Ma'Lasha 269 Merlin Court Tallahassee, FL 32301	I		CH			\$100.00
5							
8/6/2020 / /	Mathis, Tan Mathis 168 Merlin Court Talahassee, FL 32301	I		CH			\$100.00
6							
8/6/2020 / /	Harvey, Carlissa P.O. Box 832 Wacissa, FL 32361	I		CH			\$100.00
7							
8/6/2020 / /	Harvey, Darryl P.O. Box 832 Wacissa, FL 32361	I		CH			\$100.00
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Pam Hightower (2) I.D. Number 602
 (3) Cover Period 8/1/2020 through 8/13/2020 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
8/6/2020 / /	McCloud, Tresa 73 Parker Road Monticello, FL 32344	I		CH			\$100.00
9							
8/6/2020 / /	McCloud, Donald 73 Parker Road Monticello, FL 32344	I		CH			\$100.00
10							
8/6/2020 / /	Hightower, Makayla 2750 Old Sint Augustine Rd Apt. C26 Tallahassee, FL 32301	I		CH			\$100.00
11							
8/6/2020 / /	Manning, Lameka 5269 Water Valley Dr. Tallahassee, FL 32303	I		CH			\$100.00
12							
8/6/2020 / /	Howard, Dale 703 Piney Woods Rd Monticello, FL 32344	I	famu plant ops	CH			\$200.00
13							
8/5/2020 / /	Hightower, Pink 2893 Royal Isle Dr. Tallahassee, FL 32312	I	administra tor	CH			\$1,000.00
14							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Pam Hightower

(2) I.D. Number 602

(3) Cover Period 8/1/2020 through 8/13/2020

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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